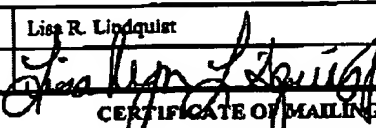
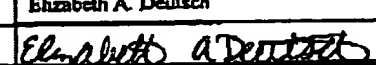


Request For Continued Examination (RCE) Transmittal Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/908070	
	Filing Date	July 18, 2001	
	First Names Inventor	Dachun Yang, Liguang Tang and Dixie Lang	
	Art Unit	1762	
	Examiner Name	Jessica Baxter	
	Attorney Docket Number	S63.2B-9826-US01	
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility of plant application filed prior to June 8, 1995, or to any design application.			
<p>Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).</p> <p>1. <input type="checkbox"/> Previously submitted. If a final Office Action is outstanding, any amendments filed after the Final Office Action may be considered as a submission even if this box is not checked.</p> <p> i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p> ii. <input type="checkbox"/> Other _____</p> <p> b. <input checked="" type="checkbox"/> Enclosed</p> <p> i. <input checked="" type="checkbox"/> Amendment/Reply (Pages <u>12</u>) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) (Pages <u> </u>)</p> <p> ii. <input type="checkbox"/> Affidavit(s)/ Declaration(s) (Pages <u> </u>) iv. <input type="checkbox"/> Other _____</p> <p>2. Miscellaneous</p> <p> a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)</p> <p> b. <input type="checkbox"/> Other _____</p> <p>3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.</p> <p> a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 22-0350.</p> <p> i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</p> <p> ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)</p> <p> iii. <input type="checkbox"/> Other _____</p> <p> b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed</p> <p> c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type)	Lisa R. Lindquist	Registration No. (Attorney/Agent)	43071
Signature		Date	January 3, 2005
CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.			
Name (Print/Type)	Elizabeth A. Deutsch		
Signature		Date	January 3, 2005

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01/11/2005 14:00:00 22031 790.00 01 FC=1601

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/908070
5032-7826

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	38	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	38 minus 20 =	18
INDEPENDENT CLAIMS	7 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	17 Minus	38	=
	Independent	5 Minus	7	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	324.00
X40=		OR	X80=	620.00
+135=		OR	+270=	
TOTAL		OR	TOTAL	1354.00

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

1-3-05

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	18 Minus	38	=
	Independent	5 Minus	7	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total			=
	Independent			=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.